

MEETING SUMMARY
MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE

December 06, 2006

State Advisory Council Members Present:

Daniel Clark	Rebecca Ehlers	Ben Bruening	Charles Megerman
Clifton Johnson	Cheryl Gardine	Kim Dude	Greg White
Robin Hammond	Steve Doherty	John Harper	Diana Harris-RAC Chair
Eleanor Ward	Keith Spare	Stacy Braiuca	

State Advisory Council Members Absent:

Lisa Joiner	Jack Tucker	Sylvia Persky
Rhonda Wilkes	Marilyn Gibson	

Regional Advisory Council Chairpersons (Or Designees) Present:

Tony Pickrell	Becky Markt
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Regional Advisory Council Chairpersons Absent:

Mike Carter

Division/Department Staff:

Michael Couty	Angie Stuckenschneider	Chuck Daugherty	Rita McElhany
Lynne Carter	Teresa Robbins	Christina Oliver	
Amanda Baker	Joe Davidson	Mary Henry	
Joellyn Becker	Chris Knigge	Kristi Scoville	
Karia Basta	Bianca Arrington-Madison	Scott Breedlove	

Guests:

Sular Gordon-ATR Provider
Daphne Walker-Thoth-ATR Provider
Brenda Schell-MRN ACT MO

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
Call to Order	<p>Robin Hammond called the meeting to order and noted that Rhonda Wilkes, SAC Chair was unable to attend. Introductions were made; minutes were reviewed. Keith Spare moved to approve minutes as written; Rebecca Ehlers seconded the motion, which passed. An updated listing of all members was given to each SAC attendee.</p> <p>Robin noted that the agenda has been re-organized to provide treatment and prevention the time to identify work priorities.</p>	
Regional Advisory Council Reports	<p>NWRAC-Mary Henry from the Northwest Region presented a draft list of “what’s good/what’s not good”. Biggest problems were deemed to be communication and trust issues. The NW RAC would like to have the opportunity to meet with other RACS during the Spring Training Institute to share ideas.</p> <p>ERAC-Diana Harris from the Eastern Region noted that they had a large recruiting meeting in November, attended by Michael Couty. They received 2 consumer applications for membership from this meeting. They tabled forming committees and addressing issues associated with the MO Student Survey until January. They will be working on the Summer Youth Rally.</p> <p>CRAC-Becky Markt from the Central Region reported that they are in the process of determining what recommendations they have regarding their previous social norming letter. They are investigating other avenues and opportunities to work with agencies and organizations within ADA.</p> <p>SWRAC-Chris Knigge from Southwest Region reported that they are working on membership and that their chairperson was not able to attend today but conferenced via phone in the preceding RAC meeting. They do have a new member and one new applicant. They intend to form committees when their membership stabilizes. They are amending their RAC by-laws to agree with the SAC bylaws so that a vendor can be vice-chairperson.</p>	

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<p>Committee Workgroups</p>	<p>SERAC-Joe Davidson from the Southeast Region advised that Ed Leoni, Director of the Southeast Regional Support Center, was a speaker at their December meeting. He spoke about the Workforce Development Project and about training to certify Prevention Specialists. They have developed committees and these will meet prior to each meeting to establish an agenda. They also discussed the social norming recommendations highlighted in the previous CRAC letter. The Southeast RAC agrees with the letter and agreed that it is very important to address prevention comprehensively. The MO. Student Survey was discussed and one of the Regional Support Centers suggested that DESE complete the survey at the beginning of the school year rather than in the middle of the year.</p> <p>-Diana Harris added that by the next SAC meeting the Regional Advisory Councils intend to present their reports in written form to the SAC.</p> <hr/> <p>SAC members were asked to divide into Treatment and Prevention working committees. A committee working outline was provided to the Treatment and Prevention committees to suggest questions for each group to address. Robin asked each group to discuss which treatment and prevention issues were important to the committee, and how they would like to have RAC recommendations brought to the committees. As envisioned there would be freedom for SAC members to go back and forth between prevention and treatment groups according to current interests of the area they represent.</p> <p>Each committee was asked to recommend two members from each committee to be appointed to the newly forming Executive Committee.</p> <p>-The executive team will identify SAC duties which will include agenda setting and drafting recommendations received from the Treatment and Prevention committees.</p>	<hr/> <p>SAC separated into Treatment and Prevention committees. Each team was asked to appoint 2 members to be part of an Executive Committee. Formulate issues to be brought either to the RACS or back to SAC.</p>

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	<p>-Charles Megerman asked if there is a possibility of returning to 2 day SAC meetings, with perhaps one day being set aside for committee meetings. Michael Couty advised that this could be considered if SAC business required additional meeting times. This discussion has not been held at Division level and could be a proposed if there is interest in it. Keith Spare mentioned that one benefit of having the Exec. Committee is that actions could be taken between meetings using phone, fax and email instead of putting everything on hold until SAC meets again.</p> <p>-Teresa Robbins held a SAC orientation group for the newest members.</p> <p><u>Treatment Committee Report</u></p> <p>-Clif Johnson presented the Treatment committee report. Charles Megerman and Cheryl Gardine were appointed to represent this group on the Exec. Committee which will meet shortly after the regular SAC business is concluded.</p> <p>-The Access To Recovery services contract ends next year. There were questions about which services can continue to be funded by ADA.</p> <p>-Additional modified medical detox services are still needed.</p> <p>-Discussed lack of residential providers with the capability of</p>	<p>An Orientation new members group was also held during this time. The new SAC members will attend either Treatment or Prevention committees at next SAC.</p> <hr/> <p>The Executive committee was convened at the conclusion of the SAC meeting to identify their duties and meeting schedule.</p> <p>Ask the RACs to explore which of the Recovery Support services are the most valuable in order to seek funding for them after the ATR Grant expires. It is noted that the most utilized services might not be the one the regions consider the most important.</p> <p>Menu of ATR (Access To Recovery) services to be provided to RACs, along with descriptions of these services.</p> <p>Ask RACs to explore how each region is</p>

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	<p>admitting clients who receive methadone treatment to their treatment facilities. Michael Couty clarified that this is due to DEA requirements; also that some providers do not want clients at their facility while on methadone.</p> <p>-Discussed lack of training in cultural competency and other counseling skills, such as dealing with trauma. Information in this area can help Bianca Arrington-Madison plan Spring Training Institute topics.</p> <p>-Discussed lack of recovery supports post-treatment, particularly lack of transitional housing, which leads to high rate of recidivism among clients.</p> <p>-Also addressed was the issue of the aging workforce. Agencies are cannibalizing each other's staff to fill slots. It's difficult to attract young staff to this profession. Is there some way to provide incentives to staff to continue their studies in this area?</p> <p><u>Prevention Committee</u></p> <p>-Ben Bruening served as spokesperson for this committee. They discussed what they felt they should be doing within their committee. They decided to focus continually on five basic issues:</p> <ol style="list-style-type: none"> 1) Overall vision of prevention in the state; 2) Being a clearinghouse for information flow; 3) Training; 4) Promoting better collaboration between coalitions and programs; 5) Discussion of legislative issues. <p>Prevention discussed the Executive Committee, but didn't appoint members to participate.</p> <p>Robin stated more discussion is needed concerning the by-laws.</p>	<p>handling methadone clients; also investigate what barriers to treatment exist for clients who are abusing opiates or undergoing methadone treatment.</p> <p>Request that RACs discuss training needs in their region and report back.</p> <p>Would like RACS to discuss what transitional services are working in their region, public and/or private. Oxford Houses? What is available and what are the needs?</p> <p>RACs might discuss this issue and identify some recommendations to recruit and maintain professionals in treatment and prevention.</p>

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<p>Department and Division Report</p>	<p>It has been brought up that according to the by-laws that the exec committee has already been established. It is defined as a committee consisting of the SAC Chair, Vice-Chair, RAC chair- and it's noted that the committee should be kept that small. Ben noted that while there is an Executive Committee defined in the by-laws that does not prevent the formation of other sub-committees, which would not have to adhere to by-law rules regarding makeup.</p> <hr/> <p>Michael Couty presented the Division report, at the same time addressing some of the concerns put forth by the committees. He noted there have been several budget meetings; priorities have remained the same. Budget proposal still includes an expansion of \$6.9 million for treatment, the Public Inebriate program, and expansion of the Spirit program.</p> <p>Michael has attended 9 task force meetings with Senator Gibbons statewide. They have been looking at the impact of the Minor In Possession law that passed in 2005. There has been a lot of input as to how to strengthen that legislation. Senator Gibbons will meet with his committee to disseminate that information.</p> <p>-At last week's Executive Director's meeting there was discussion of the rule to grandfather in registered substance abuse professionals. One concern is that if we limit individuals who can do treatment planning and assessments to just those licensed, certified or registered staff that there would be agencies who, if they lost one staff member, would not be able to operate. It was proposed that we look at individuals who are within a year of being licensed, have them supervised by a qualified individual and allow them to do the treatment plans and assessments, as long as they have a supervision plan in place. Qualified staff would also sign off on their work. This would also bridge the gap for counselors finishing their schooling but still lacking the time in</p>	<p>Clif made a motion we have ex-officio members assigned to the Executive Committee- Ben Bruening from Prevention and Cheryl Gardine and Charles Megerman from Treatment. Motion was seconded and carried. The other members of the executive committee are identified in the by-laws.</p>

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	<p>the field to be licensed.</p> <p>-As for attracting new people to the field, in the past \$90,000 was allocated for education of students who would then commit to working for a state funded facility; this ceased with budget cuts in the early 2000's. While it would be possible to try to get money reinstated for this purpose, it would also be a matter of finding institutions of higher learning willing to work with DMH/ADA to offer a specialized area of study within their school of social work or counseling departments. Typically professionals don't enter treatment or prevention directly and so more information and education about these professions might attract more prospective counselors.</p> <p>-Methadone in residential facilities is a DEA issue- most of our facilities are not equipped to meet the criteria for storing methadone on the premises. Strict laws govern these substances. No facility is blocked from providing services to someone receiving methadone treatment however some providers' philosophies would not always mesh with methadone treatment. The Division would want to know if anyone is being refused treatment at a state funded facility.</p> <p>-In November, Michael met with the ERAC. He would like to attend all of the RACS in order to strengthen the advisory councils. It is vital that the RACs provide ADA with input from around the state.</p> <p>-Michael has always maintained that ADA needs to be the authority on alcohol and drug abuse treatment, setting the standard of care. The Missouri Department of Corrections has asked ADA to manage their substance abuse treatment dollars. One potential danger in this fiscal arrangement would be the potential to loose funding within the Criminal Justice system. Treatment for Corrections has proven to be an economical and beneficial alternative to incarceration. The dollars will most likely be funneled through ADA and the Division will track how much is being spent and the quality of care being provided.</p>	

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	<p>-In October 2007 each state will be required by the federal government to track a number of outcomes measures. These will include; maintenance of abstinence, retention in treatment and housing.</p> <p>- ADA began working on retention several years ago when we split treatment units from residential support units. This was to encourage movement of residential clients into transitional services and to open residential beds effectively. Residential treatment should be based on the client's needs and not upon the availability of bed space. ADA works with providers to establish a mindset that each treatment is individualized, not based on a set number of residential days. Michael Couty would like to see clients attached to treatment program for a minimum of six months to promote their sustained recovery success.</p> <p>-The new ADA Customer Information Management Outcomes Reporting system or (CIMOR) has continued to be a challenge. We are still providing phone help lines for its utilization. We have seen a marked improvement with the new system in conjunction with the SATOP program. The voucher program or PR + presents the greatest obstacles to the new system information system. It is important that providers update their systems to work with new programs.</p> <p>-Michael thinks that ATR funding will be in place for about 2 more years. Stephen Doherty asked if ADA has services in mind to fund and continue after that grant has ended. Michael responded it will be the services that will best support the treatment-engaged individual in the community, such as supportive housing and transportation. What cannot be paid for are religious activities. There are some services that can possibly be renamed and restructured so that they can still be offered. There are an abundance of Access To Recovery providers who should be able to continue to thrive and provide services in their communities. If ADA should receive some of the requested \$6.9 in funding then we</p>	

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<p>Miscellaneous Business</p>	<p>will apply some of that money towards establishing new treatment facilities.</p> <p>-Michael has written a letter to Dan Duncan thanking him for his contributions to the SAC and a card will be passed around for those who want to sign.</p> <p>-Next month there will be a Missouri Report on the status of alcohol and drug abuse in this state. This will look at both prevention and treatment and is anticipated about the middle of January.</p> <p>-Regarding the proposition that the SAC meeting return to a 2 day event, Michael said he has no problem with revisiting that. However, it is up to the SAC to make a recommendation if they are interested.</p> <p>-Greg White officially tendered his resignation and recommended Mike Dean, a retired Jefferson City police officer, as a possible replacement. Mike also is the D.A.R.E. coordinator and works for the Police Chiefs Association. Greg noted that he has a different treatment perspective after being a SAC member and would like to see more treatment offered to their incarceration programs like drug court.</p> <p><u>Robert Wood Johnson Grant Update</u></p> <p>-Terry Morris provided an overview of the Robert Wood Johnson Advancing Recovery grant. This is a partnership between ADA and 10 of our contracted providers. The grant is for approximately \$360,000 spread over several years with the first part geared towards increasing utilization of medication assisted treatment (specifically naltrexone and acamprosate). The 2nd area addresses treating trauma along with substance abuse treatment.</p>	<p>This status report will be made available to the SAC.</p>

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	<p>Specifically we want to increase the use of cognitive behavioral therapy techniques to effectively address trauma issues. Missouri providers participating are the St. Patrick Center in St. Louis, Comprehensive Mental Health Services in Kansas City, Family Counseling Center Inc. in the Southeast region, Family Guidance in St. Joseph, Preferred Family Counseling in Jefferson City, Queen of Peace in St. Louis, Ozark Center in Joplin, Gibson Center in Southeast region, Family Counseling Center of MO in Columbia, and Rediscover in Kansas City. Options are being explored regarding purchase of the medications, including using a centralized purchasing system so that medication can be purchased on a state contract. Contract amendments have been developed in some instances to fund physician's services to support medication therapy. Missouri Institute of Mental Health has developed a website to use as a communication tool for participating providers to communicate their experiences. The grant began November 1, 2006.</p> <p>Steve Doherty asked what kind of training the partners are receiving. He was advised that Dr. Parks is assisting with the screening protocol and physician education. National Institute of Drug Addiction (NIDA) has published a medication- assisted treatment manual which is a step by step description covering aspects of treatment that appear on the website.</p> <p><u>Membership</u></p> <p>-Teresa Robbins distributed a current membership chart. We have several new members and still have multiple openings across the state. Recruitment efforts should be encouraged for those regions that still have open member positions. Several members have already served two full terms; the guidelines read that you may remain on the SAC until a replacement is found. We certainly value those members who have been with us for a number of terms. There are currently 21 SAC members and we may have a full SAC with 25 members. We will take Greg White's recommendation for his replacement and get that</p>	<p>Executive committee to address membership issues and to determine when SAC members should be replaced</p>

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New Business	<p>underway. Some SAC members have not attended for several meetings. There are still several SAC members who do not attend regularly. Since attendance is needed to conduct SAC business those members may need to be replaced. This issue will be referred to the executive committee.</p> <p>-Angie noted that the RAC and SAC brochure has been redesigned and should be available by the next meeting. The contact information is updated, along with the language and a map of regions.</p> <p><u>MSACCB REPORT</u></p> <p>Steve Doherty introduced Scott Breedlove, the new administrator for the Missouri Substance Abuse Counselor's Certification Board. Currently there are 120 Registered Associate Substance Abuse Counselor Level Ones - (RASAC-I), 200 RASAC II, 41 Certified Substance Abuse Counselor- CSAC I, 401 CSAC -II, 331 Certified Advanced Substance Abuse Counselors or (CASAC), 7 Certified Substance Abuse Prevention Professionals, and 2 Certified Criminal Justice professionals. There are 177 Registered Substance Abuse Professionals to replace the QSAP designation. There are 91 new applicants in the certification process. On Sept 9, 2006 there were 20 counselors who took the written exam with a 70% pass rate. One counselor took the Advanced exam and passed. The Case Presentation Method (CPM) was held November 17 and 18, 2006. There were 19 counselors who took the CPM and the results are pending.</p> <p>-The Certification Board has been sponsoring regional trainings and is looking at ways to reduce fees for their trainings.</p> <p>-The Certification Board has extended the period of time to be grandfathered in as a registered Substance Abuse professional from Dec 31, 2006 to June 30th, 2007. There are hundreds who have not applied for this registration.</p> <p>-The big push for 2007 is for provision of the 3 day Supervision Training. The recipients of this training can supervise RASAC I</p>	<p>due to non-attendance.</p> <p>The new RAC and SAC brochure will be made available upon receipt from state printing.</p>

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	<p>and II associate counselors. Historically no particular training was required to supervise.</p> <p><u>Training</u></p> <ul style="list-style-type: none"> -Hepatitis C training will be provided for the Central Region in Columbia by Bruce Burkett on December 15. This is offered at no cost and so far 34 people have registered to attend. This is the fourth Hepatitis C training to be sponsored by ADA during the fall of 2006. This training will continue to be offered to DMH/ADA staff in cooperation with the American Liver Foundation, and Missouri Regional Aids Interfaith Network in Columbia, MO. -Missouri Recovery Network offering “The Stigma Stops Here” on Friday Dec. 8th in Jefferson City for a fee of \$15.00. This is the first of a series of 4 trainings. -Teresa mentioned she is working with Dept of Health to provide training on HIV pre and post-test counseling. The Department of Health and Senior Services has committed to providing this at no cost to our providers. So far only 3 sessions in Independence and 3 in St Louis have been scheduled. We are hoping to add more regional sites for this mandatory training. Teresa will be doing the certificates for this training, which will commence in January. <p><u>Martin Luther King Jr. Posters</u></p> <ul style="list-style-type: none"> -Martin Luther King Jr. posters are now available. They will be at the door after the meeting; please take them and distribute. <p><u>Spring Training Institute</u></p> <p>Bianca stated that most of the speakers have been lined up for Spring Training, with the exception of some opioid treatment speakers.</p>	

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Adjournment	<p>The SAC meeting formally adjourned at 1:50 pm. The next SAC meeting will be held on February 7th at ADA Conference Room B.</p> <p>The SAC Executive Committee will meet following SAC adjournment.</p>	Executive committee minutes will be maintained.